

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



August 27, 1997

ALL-COUNTY LETTER NO. 97-47

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS
ALL PARTICIPATING FOSTER FAMILY AGENCIES


SUBJECT: FORM FC 19 - INTENSIVE TREATMENT FOSTER CARE PROGRAM
QUARTERLY STATISTICAL REPORT

REFERENCE: ACL 96-22

The purpose of this letter is to transmit a new Intensive Treatment Foster Care Program Quarterly Statistical Report (FC 19) and its instructions. The FC 19 was developed as a result of a joint effort between the California Department of Social Services' (CDSS) Information Services Bureau and Foster Care Policy Bureau. It was designed to gather selected quarterly information on the Intensive Treatment Foster Care services provided to children in accordance with Welfare and Institutions Code Section 18358. This data will be published annually by CDSS. Please ensure that appropriate county and Foster Family Agency (FFA) staff responsible for this program receive this information.

This report is effective beginning with the July-September 1997 quarter. All participating FFAs are required to submit the completed report to CDSS each quarter. This report is due thirty (30) days after the end of each quarter. All County Letter 96-22, dated May 8, 1996, provided notification and information regarding the Intensive Treatment Foster Care Program.

If you have any questions regarding the reporting process, please contact Linette Kleinsasser at (916) 657-3464. Program specific questions should be directed to Shantel Hill at (916) 445-2886.


JARVIO A. GREVIOUS
Deputy Director
Administration Division

c: CWDA

SEND ONE COPY TO:

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
 California Department of Social Services
 Information Services Bureau, MS 12-81
 P. O. Box 944243, Sacramento, CA 94244-2430

Intensive Treatment Foster Care Program

Quarterly Statistical Report

Foster Family Agency

Quarter Ending

Year

Month (check one)

☐ 1 Mar ☐ 2 Jun ☐ 3 Sep ☐ 4 Dec

County

Telephone Number

Date Completed

Children:

1. Placed in Program During Quarter (sum of items 1a through 1f below)

Outcomes of Children Referred to Program:

- a. Total Children Returned to a More Intensive Program
- b. Total Children Hospitalized
- c. Total Children Discharged to Own Home
- d. Total Children Continuing in Placement
- e. Total Children Moved to Less Intensive Foster Care Placement
- f. Total Children with Other Outcomes

TOTAL BY AGE GROUP

0-3

4-6

7-9

10-12

13-15

16-19

1.

1a.

1b.

1c.

1d.

1e.

1f.

2.

3.

4.

5a.

5b.

Services Provided to Children and Families:

- 2. Total In-Home Support Counselor Hours
- 3. Total Psychiatrist Hours
- 4. Total Emergency Social Work Hours
- 5. Total Families Receiving Family Therapy Services:
 - a. During the Quarter
 - b. On a Weekly Basis (must be less than or equal to item 5a.)

Intensive Treatment Foster Care Program

CONTENT

Form FC 19, Intensive Treatment Foster Care Program, is designed to gather selected quarterly information on the Intensive Treatment Foster Care services provided to children in accordance with Chapter 832, Statutes of 1995 (SB 969). The report describes the services and outcomes of the participants of the program. The data will provide the basis for reports to the Legislature and will be used by the California Department of Social Services (CDSS).

DUE DATE

All participating Foster Family Agencies are required to submit the completed report to CDSS each quarter. Quarterly reports are to be received in Sacramento on or before the last working day of the month following the report quarter. If there is nothing to report for a line item, please indicate this fact by inserting a zero (0) in the applicable line on the report form. Send reports to:

California Department of Social Services
Information Services Bureau, MS 12-81
P.O. Box 944243
Sacramento, CA 94244-2430

INSTRUCTIONS

Children

Item 1 Total Children Placed in Program During Quarter

Enter the sum of Items 1a through 1f for each age group; total number of children, by age, participating in the program during the quarter.

Outcomes of Children Referred to Program

Entries should represent the status of each child as of the end of the quarter, resulting in only one entry per child.

Item 1a Total Children Returned to a More Intensive Program

Enter the total number of children, by age, who returned to a more intensive program (i.e., higher level group home) during the quarter.

Item 1b Total Children Hospitalized

Enter the total number of children, by age, who were placed in a hospital or medical facility during the quarter.

Item 1c Total Children Discharged to Own Home

Enter the total number of children, by age, who were returned to their own home or the home of a caretaker during the quarter.

Item 1d Total Children Continuing in Placement

Enter the total number of children, by age, who are continuing their placement during the quarter.

Item 1e Total Children Moved to Less Intensive Foster Care Placement

Enter the total number of children, by age, who were placed in a less intensive program during the quarter (i.e., moved to a foster family home)

Item 1f Total Children with Other Outcomes

Enter the total number of children, by age, who left the program for other reasons (i.e., runaway, death, moved to home of relative, etc.) during the quarter.

Services Provided to Children and Families

Item 2 Total In-Home Support Counselor Hours

Enter the total number of in-home support counselor hours, by age of child in placement, during the quarter.

Item 3 Total Psychiatrist Hours

Enter the total number of psychiatrist hours, by age of child in placement, during the quarter.

Item 4 Total Emergency Social Work Hours

Enter the total number of Emergency Social Work Hours (in person responses), by age of child in placement, during the quarter.

Item 5a Total Families receiving Family Therapy Services During the Quarter

Enter the total number of foster families and birth families receiving family therapy services, by age of child in placement, during the quarter.

Item 5b Total Families receiving Family Therapy Services on a Weekly Basis

Enter the total number of families receiving family therapy services on a weekly basis, by age of child in placement. Item 5b should be less than or equal to Item 5a.